

ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

APR 12 2002

Director of Utilities

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

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WS-01678A
BACA FLOAT WATER COMPANY
P.O. BOX 1536
TUBAC AZ 85646-1536

*Sewer***ANNUAL REPORT**

FOR YEAR ENDING

| | | |
|----|----|------|
| 12 | 31 | 2001 |
|----|----|------|

FOR COMMISSION USE

| | |
|-------|----|
| ANN05 | 01 |
|-------|----|

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PROCESSED BY:

4-15-02 *ow*

SCANNED

COMPANY INFORMATIONCompany Name (Business Name) Baca Float Water Company, IncMailing Address P.O. Box 1536
(Street)Tubac, AZ 85646
(City) (State) (Zip)520 398-2506

Telephone No. (Include Area Code)

520 398-2407

Fax No. (Include Area Code)

Pager/Cell No. (Include Area Code)

Email Address Barrio Controller@aol.comLocal Office Mailing Address same
(Street) (City) (State) (Zip)Local Office Telephone No. (Include Area Code) same
Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)Email Address sameMANAGEMENT INFORMATIONManagement Contact: Gary Brasher, President
(Name) (Title)P.O. Box 1536 Tubac AZ 85646
(Street) (City) (State) (Zip)520 398-2506

Telephone No. (Include Area Code)

520 398-2407

Fax No. (Include Area Code)

Pager/Cell No. (Include Area Code)

Email Address Barrio Controller@aol.comOn Site Manager: Lino Vega
(Name)same
(Street) (City) (State) (Zip)same
Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)Email Address

| | | | |
|---|---------------|------------------------------------|--------------|
| Statutory Agent: <u>F. M. Cadden</u> | | | |
| (Name) | | | |
| <u>7355 No. Oracle #110</u> | <u>Tucson</u> | <u>AZ</u> | <u>85704</u> |
| (Street) | (City) | (State) | (Zip) |
| <u>520 297-0797</u> | | | |
| Telephone No. (Include Area Code) | | Fax No. (Include Area Code) | |
| | | Pager/Cell No. (Include Area Code) | |
| Attorney: <u>Snell & Wilmer</u> | | | |
| (Name) | | | |
| <u>1 South Church</u> | <u>Tucson</u> | <u>AZ</u> | <u>85701</u> |
| (Street) | (City) | (State) | (Zip) |
| <u>520 882-1200</u> | | | |
| Telephone No. (Include Area Code) | | Fax No. (Include Area Code) | |
| | | Pager/Cell No. (Include Area Code) | |

OWNERSHIP INFORMATION

Check the following box that applies to your company:

- | | |
|---|--|
| <input type="checkbox"/> Sole Proprietor (S) | <input checked="" type="checkbox"/> C Corporation (C) (Other than Association/Co-op) |
| <input type="checkbox"/> Partnership (P) | <input type="checkbox"/> Subchapter S Corporation (Z) |
| <input type="checkbox"/> Bankruptcy (B) | <input type="checkbox"/> Association/Co op (A) |
| <input type="checkbox"/> Receivership (R) | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (Describe) _____ | |

COUNTIES SERVED

Check the box below for the county/ies in which you are certificated to provide service:

- | | | |
|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> APACHE | <input type="checkbox"/> COCHISE | <input type="checkbox"/> COCONINO |
| <input type="checkbox"/> GILA | <input type="checkbox"/> GRAHAM | <input type="checkbox"/> GREENLEE |
| <input type="checkbox"/> LA PAZ | <input type="checkbox"/> MARICOPA | <input type="checkbox"/> MOHAVE |
| <input type="checkbox"/> NAVAJO | <input type="checkbox"/> PIMA | <input type="checkbox"/> PINAL |
| <input checked="" type="checkbox"/> SANTA CRUZ | <input type="checkbox"/> YAVAPAI | <input type="checkbox"/> YUMA |
| <input type="checkbox"/> STATEWIDE | | |

COMPANY NAME

*BACA FLOAT WATER CO., INC.***UTILITY PLANT IN SERVICE**

| Acct. No. | DESCRIPTION | Original Cost (OC) | Accumulated Depreciation (AD) | O.C.L.D. (OC less AD) |
|--------------|---------------------------------|--------------------------|-------------------------------------|--------------------------|
| 351 | Organization | | | |
| 352 | Franchises | | | |
| 353 | Land and Land Rights | | | |
| 354 | Structures and Improvements | | | |
| 355 | Power Generation Equipment | | | |
| 360 | Collection Sewers – Force | | | |
| 361 | Collection Sewers – Gravity | | | |
| 362 | Special Collecting Structures | | | |
| 363 | Services to Customers | | | |
| 364 | Flow Measuring Devices | | | |
| 365 | Flow Measuring Installations | | | |
| 370 | Receiving Wells | | | |
| 380 | Treatment and Disposal Equip. | | | |
| 381 | Plant Sewers | | | |
| 382 | Outfall Sewer Lines | | | |
| 389 | Other Plant and Misc. Equipment | | | |
| 390 | Office Furniture and Equipment | | | |
| 391 | Transportation Equipment | | | |
| 393 | Tools, Shop and Garage Equip. | | | |
| 394 | Laboratory Equipment | | | |
| 395 | Power Operated Equipment | | | |
| 398 | Other Tangible Plant | | | |
| | TOTALS | | | |

This amount goes on the Balance Sheet Acct. No. 108

COMPANY NAME

CALCULATION OF DEPRECIATION EXPENSE

| Acct. No. | DESCRIPTION | Original Cost (1) | Depreciation Percentage (2) | Depreciation Expense (1x2) |
|--------------|---------------------------------|----------------------|-----------------------------------|-------------------------------|
| 351 | Organization | | | |
| 352 | Franchises | | | |
| 353 | Land and Land Rights | | | |
| 354 | Structures and Improvements | | | |
| 355 | Power Generation Equipment | | | |
| 360 | Collection Sewers – Force | | | |
| 361 | Collection Sewers – Gravity | | | |
| 362 | Special Collecting Structures | | | |
| 363 | Services to Customers | | | |
| 364 | Flow Measuring Devices | | | |
| 365 | Flow Measuring Installations | | | |
| 370 | Receiving Wells | | | |
| 380 | Treatment and Disposal Equip. | | | |
| 381 | Plant Sewers | | | |
| 382 | Outfall Sewer Lines | | | |
| 389 | Other Plant and Misc. Equipment | | | |
| 390 | Office Furniture and Equipment | | | |
| 391 | Transportation Equipment | | | |
| 393 | Tools, Shop and Garage Equip. | | | |
| 394 | Laboratory Equipment | | | |
| 395 | Power Operated Equipment | | | |
| 398 | Other Tangible Plant | | | |
| | TOTALS | | | |

This amount goes on Comparative Statement of Income and Expense Acct. 403

COMPANY NAME

BALANCE SHEET

| Acct. No. | | BALANCE AT BEGINNING OF TEST YEAR | BALANCE AT END OF YEAR |
|--------------|---|---|------------------------------|
| | ASSETS | | |
| | CURRENT AND ACCRUED ASSETS | | |
| 131 | Cash | \$ | \$ |
| 132 | Special Deposits | | |
| 135 | Temporary Cash Investments | | |
| 141 | Customer Accounts Receivable | | |
| 146 | Notes/Receivables from Associated Companies | | |
| 151 | Plant Material and Supplies | | |
| 162 | Prepayments | | |
| 174 | Miscellaneous Current and Accrued Assets | | |
| | TOTAL CURRENT AND ACCRUED ASSETS | \$ | \$ |
| | FIXED ASSETS | | |
| 101 | Utility Plant in Service | \$ | \$ |
| 103 | Property Held for Future Use | | |
| 105 | Construction Work in Progress | | |
| 108 | Accumulated Depreciation – Utility Plant | | |
| 121 | Non-Utility Property | | |
| 122 | Accumulated Depreciation – Non Utility | | |
| | TOTAL FIXED ASSETS | \$ | \$ |
| | TOTAL ASSETS | \$ | \$ |

NOTE: Total Assets on this page should equal **Total Liabilities and Capital** on the following page.

COMPANY NAME

BALANCE SHEET (CONTINUED)

| Acct. No. | | BALANCE AT BEGINNING OF TEST YEAR | BALANCE AT END OF YEAR |
|--------------|---|---|------------------------------|
| | LIABILITIES | | |
| | CURRENT LIABILITIES | | |
| 231 | Accounts Payable | \$ | \$ |
| 232 | Notes Payable (Current Portion) | | |
| 234 | Notes/Accounts Payable to Associated Companies | | |
| 235 | Customer Deposits | | |
| 236 | Accrued Taxes | | |
| 237 | Accrued Interest | | |
| 241 | Miscellaneous Current and Accrued Liabilities | | |
| | TOTAL CURRENT LIABILITIES | \$ | \$ |
| | LONG-TERM DEBT (Over 12 Months) | | |
| 224 | Long-Term Notes and Bonds | \$ | \$ |
| | DEFERRED CREDITS | | |
| 252 | Advances in Aid of Construction | \$ | \$ |
| 253 | Other Deferred Credits | | |
| 255 | Accumulated Deferred Investment Tax Credits | | |
| 271 | Contributions in Aid of Construction | | |
| 272 | Less: Amortization of Contributions | | |
| 281 | Accumulated Deferred Income Tax | | |
| | TOTAL DEFERRED CREDITS | \$ | \$ |
| | TOTAL LIABILITIES | \$ | \$ |
| | CAPITAL ACCOUNTS | | |
| 201 | Common Stock Issued | \$ | \$ |
| 211 | Other Paid in Capital | | |
| 215 | Retained Earnings | | |
| 218 | Proprietary Capital (Sole Props and Partnerships) | | |
| | TOTAL CAPITAL | \$ | \$ |
| | TOTAL LIABILITIES AND CAPITAL | \$ | \$ |

COMPARATIVE STATEMENT OF INCOME AND EXPENSE

| | OPERATING REVENUES | PRIOR YEAR | TEST YEAR |
|--------|-------------------------------------|-------------------|------------------|
| 521 | Flat Rate Revenues | \$ | \$ 6,790.00 |
| 522 | Measured Revenues | | |
| 536 | Other Wastewater Revenues | | |
| | TOTAL REVENUES | \$ | \$ 6,790.00 |
| | | | |
| | OPERATING EXPENSES | | |
| 701 | Salaries and Wages | \$ | \$ |
| 710 | Purchased Wastewater Treatment | | 300.00 |
| 711 | Sludge Removal Expense | | |
| 715 | Purchased Power | | 497.00 |
| 716 | Fuel for Power Production | | |
| 718 | Chemicals | | |
| 720 | Materials and Supplies | | |
| 731 | Contractual Services – Professional | | 7,891.00 |
| 735 | Contractual Services – Testing | | |
| 736 | Contractual Services – Other | | 1,571.00 |
| 740 | Rents | | 476.00 |
| 750 | Transportation Expense | | 68.00 |
| 755 | Insurance Expense | | |
| 765 | Regulatory Commission Expense | | |
| 775 | Miscellaneous Expense | | |
| 403 | Depreciation Expense | | |
| 408 | Taxes Other Than Income | | 265.00 |
| 408.11 | Property Taxes | | |
| 409 | Income Taxes | | |
| | TOTAL OPERATING EXPENSES | \$ | \$ 11,068.00 |
| | | | |
| | OTHER INCOME/EXPENSE | | |
| 419 | Interest and Dividend Income | \$ | \$ |
| 421 | Non-Utility Income | | |
| 426 | Miscellaneous Non-Utility Expenses | | < 2,423 > |
| 427 | Interest Expense | | |
| | TOTAL OTHER INCOME/EXP | \$ | \$ < 2,423.00 > |
| | | | |
| | NET INCOME/(LOSS) | \$ | \$ < 1,855.00 > |

COMPANY NAME

Baca Float Water Co., Inc.

SUPPLEMENTAL FINANCIAL DATA**Long-Term Debt**

| | LOAN #1 | LOAN #2 | LOAN #3 | LOAN #4 |
|------------------------|---------|--------------------|---------|---------|
| Date Issued | | | | |
| Source of Loan | | | | |
| ACC Decision No. | | | | |
| Reason for Loan | | | | |
| Dollar Amount Issued | \$ | \$ ^{2/17} | \$ | \$ |
| Amount Outstanding | \$ | \$ | \$ | \$ |
| Date of Maturity | | | | |
| Interest Rate | % | % | % | % |
| Current Year Interest | \$ | \$ | \$ | \$ |
| Current Year Principle | \$ | \$ | \$ | \$ |

WASTEWATER COMPANY PLANT DESCRIPTION

TREATMENT FACILITY

| | |
|---|--|
| TYPE OF TREATMENT (Extended Aeration, Step Aeration, Oxidation Ditch, Aerobic Lagoon, Anaerobic Lagoon, Trickling Filter, Septic Tank, Wetland, Etc.) | |
| DESIGN CAPACITY OF PLANT (Gallons Per Day) | |

LIFT STATION FACILITIES

| Location | Quantity of Pumps | Horsepower Per Pump | Capacity Per Pump (GPM) | Wet Well Capacity (gals) |
|----------|-------------------|---------------------|-------------------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORCE MAINS

| Size | Material | Length (Feet) |
|--------|----------|---------------|
| 4-inch | | |
| 6-inch | | |
| | | |
| | | |

MANHOLES

| Type | Quantity |
|----------|----------|
| Standard | |
| Drop | |
| | |

CLEANOUTS

| Quantity |
|----------|
| |
| |
| |

WASTEWATER COMPANY PLANT DESCRIPTION CONTINUED**COLLECTION MAINS**

| Size (in inches) | Material | Length (in feet) |
|---------------------|----------|---------------------|
| 4 | | |
| 6 | | |
| 8 | | |
| 10 | | |
| 12 | | |
| 15 | | |
| 18 | | |
| 21 | | |
| 24 | | |
| 30 | | |
| | | |

SERVICES

| Size (in inches) | Material | Quantity |
|---------------------|----------|----------|
| 4 | | |
| 6 | | |
| 8 | | |
| 12 | | |
| 15 | | |
| | | |
| | | |
| | | |
| | | |
| | | |

FOR THE FOLLOWING FIVE ITEMS, LIST THE UTILITY OWNED ASSETS IN EACH CATEGORY

| | |
|---|-----|
| SOLIDS PROCESSING AND HANDLING FACILITIES | 2/A |
| DISINFECTION EQUIPMENT (Chlorinator, Ultra-Violet, Etc.) | |
| FILTRATION EQUIPMENT (Rapid Sand, Slow Sand, Activated Carbon, Etc.) | |
| STRUCTURES (Buildings, Fences, Etc.) | |
| OTHER (Laboratory Equipment, Tools, Vehicles, Standby Power Generators, Etc.) | |

| | |
|---------------------|----------------------------|
| COMPANY NAME | Baca Float Water Co., Inc. |
|---------------------|----------------------------|

| | |
|---------------------|----------------------------|
| COMPANY NAME | Baca Float Water Co., Inc. |
|---------------------|----------------------------|

WASTEWATER FLOWS

[illegible]

PROVIDE THE FOLLOWING INFORMATION AS APPLICABLE

| | |
|---|--|
| Method Of Effluent Disposal (leach field, surface water discharge, reuse, injection wells, groundwater recharge, evaporation ponds, etc.) | |
| Wastewater Inventory Number (all wastewater systems are assigned an inventory number) | |
| Groundwater Permit Number | |
| ADEQ Aquifer Protection Permit Number | |
| ADEQ Reuse Permit Number | |
| EPA NPDES Permit Number | |

STATISTICAL INFORMATION

| | | |
|---------------------------------|-----------|---------|
| Total number of customers | 20 | |
| Total number of gallons treated | 1,477,316 | gallons |

COMPANY NAME BACA FLOAT WATER CO., Inc. YEAR ENDING 12/31/2001INCOME TAXES

For this reporting period, provide the following:

Federal Taxable Income Reported N/A
Estimated or Actual Federal Tax Liability 0State Taxable Income Reported 0
Estimated or Actual State Tax Liability 0

Amount of Grossed-Up Contributions/Advances:

Amount of Contributions/Advances N/A
Amount of Gross-Up Tax Collected \$
Total Grossed-Up Contributions/Advances \$

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

CERTIFICATION

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.


SIGNATURE4/1/2002
DATE_____
PRINTED NAME_____
TITLE

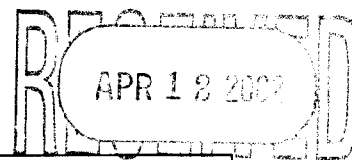
COMPANY NAME BACA FLOAT WATER CO., INC. YEAR ENDING 12/31/2001PROPERTY TAXESAmount of actual property taxes paid during Calendar Year 2001 was: \$ 0

Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.

If no property taxes paid, explain why. All property tax paid by water
company.

**VERIFICATION
AND
SWORN STATEMENT
Intrastate Revenues Only**

Baca Float Water Co., Inc.



VERIFICATION

STATE OF Arizona

I, THE UNDERSIGNED

OF THE

| |
|--|
| COUNTY OF (COUNTY NAME) <u>Santa Cruz</u> |
| NAME (OWNER OR OFFICIAL) TITLE <u>President</u> |
| COMPANY NAME <u>Baca Float Water Co., Inc.</u> |

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

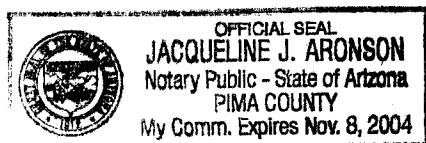
FOR THE YEAR ENDING

| | | |
|-------|-----|------|
| MONTH | DAY | YEAR |
| 12 | 31 | 2001 |

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2001 WAS:



Arizona IntraState Gross Operating Revenues Only (\$)

\$ 6,790.00

(THE AMOUNT IN BOX ABOVE
INCLUDES \$ 265.00
IN SALES TAXES BILLED, OR COLLECTED

****REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)**

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

10th

DAY OF

Day P. Brash
SIGNATURE OF OWNER OR OFFICIAL
TELEPHONE NUMBER _____

| | | |
|-------------|-------------------|-------------|
| COUNTY NAME | <u>Santa Cruz</u> | |
| MONTH | <u>April</u> | <u>2002</u> |

(SEAL)

MY COMMISSION EXPIRES Nov. 8, 2004

Jacqueline J. Aronson
SIGNATURE OF NOTARY PUBLIC

**VERIFICATION
AND
SWORN STATEMENT
RESIDENTIAL REVENUE
INTRASTATE REVENUES ONLY**

Baca Float Water Co., Inc.

APR 12 2001

Director of Utilities

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

(COUNTY NAME)

Santa Cruz

NAME (OWNER OR OFFICIAL)

Gary Brasher

TITLE

President

COMPANY NAME

BACA FLOAT WATER CO., INC.

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH

12

DAY

31

YEAR

2001

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2001 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES

\$ 6,790

(THE AMOUNT IN BOX AT LEFT

INCLUDES \$ 265.00

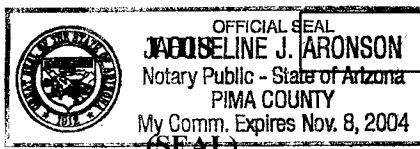
IN SALES TAXES BILLED, OR COLLECTED

*RESIDENTIAL REVENUE REPORTED ON THIS PAGE
MUST INCLUDE SALES TAXES BILLED.

X Gary P. Brasher
SIGNATURE OF OWNER OR OFFICIAL

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

10th

DAY OF

NOTARY PUBLIC NAME

Jacqueline J. Aronson

COUNTY NAME

Santa Cruz

MONTH

April2002

MY COMMISSION EXPIRES

11-08-04

X Jacqueline J. Aronson
SIGNATURE OF NOTARY PUBLIC